

CADET NURSING CORPS

Mr. REID. Mr. President, some of us are barely old enough to recall the end of World War II. And we remember that it was an effort that involved the entire Nation in a monumental struggle against the evil of fascism.

During World War II the United States sent more than 250,000 nurses to the front lines to care for our wounded Allied troops.

By 1942, the country was experiencing a shortage of nurses for domestic medical needs. In fact, the shortage was so severe that many clinics were forced to close.

To alleviate our domestic medical crisis, Congresswoman Frances Payne Bolton introduced legislation creating the United States Cadet Nurse Corps in 1943. Over the next 5 years, the Corps recruited about 125,000 young women to assume the duties of nurses who had been dispatched to the front lines. Throughout World War II, cadet nurses accounted for 80 percent of the nursing staff in our domestic medical facilities.

Cadet nurses completed rigorous training under the jurisdiction of the Public Health service. They also pledged to serve at any time during the war, at any hospital or clinic where they might be needed. They were often required to leave their families and fill vacant positions across the country. They acted as both caregivers and medical doctors—as there was also a scarcity of doctors—to the sick and wounded.

The Cadet Nurse Corps provided the support of health care system needed. By putting the needs of the Nation ahead of their own, these young women made it possible for Allied troops to receive the best possible medical care during a time of war.

Although the uniforms of these dedicated cadet nurses were decorated with patches certified by the Secretary of the Army, and they served under the authority of commissioned officers, the Cadet Nurse Corps has never been recognized as a military organization.

Today, many of these cadet nurses are no longer living. Those who do survive are in their seventies and eighties. Ironically, they are not entitled to use the veterans health care system, nor do they receive other benefits such as disability pay.

Even more important, they rarely receive the recognition they deserve for their service to their country. And every year, as more of the cadet nurses pass away, it becomes too late to recognize them.

These women served their country in a time of war. I believe they deserve to be recognized as veterans of that war effort. Therefore, I support veterans status for members of the Cadet Nurse Corps.

I have introduced legislation that would accomplish this goal. I hope my colleagues will support this effort so we can finally properly recognize the cadet nurses for their outstanding service to this country.

SUPPORTING OUR TROOPS AND THEIR FAMILIES

Mr. DOMENICI. Mr. President, as we approach the Thanksgiving Day holiday, we as Americans have much for which to be thankful. Around dinner tables this year, there will be added joy of loved ones returning home especially in the case for those families of members of our Armed Forces. Other homes may not be as joyful, as those who have chosen to defend their Nation are stationed abroad, particularly in Iraq and Afghanistan. Both of these scenes will occur in my home State, NM.

We as a Nation are ever grateful to the men and women of our military and the families they leave behind to serve. Today, I rise in support of an important effort to assist these dedicated military personnel and their families.

The Armed Forces Relief Trust, AFRT, is a non-profit fund established to help ease financial burdens on our military personnel and their families. With so many of our troops on extended overseas deployments, the benefit provided by the Trust is needed more than ever.

Today nearly 140,000 soldiers, sailors, airmen and marines are deployed overseas in the war on terror. Thousands more are stationed abroad guarding our freedom. For the families left behind, the financial burden of caring for children and meeting other demands can be a strain. And with an increased number of National Guardsmen and Reservists currently overseas, the number of families facing such hardship is even greater.

In my own home State of New Mexico, many have been affected by the frequent and lengthy deployments associated with the war on terror. Most recently, 60 National Guardsmen from the 515th Corps Support Battalion out of Springer, NM, were activated to support combat forces in Operation Iraqi Freedom. They join more than 900 other New Mexico Guardsmen already deployed worldwide, including those from the Army's 717th Medical Company and the 720th Transportation Company—both from Santa Fe. And only recently did we welcome home to Las Cruces the 281st Transportation Company following its service in the Persian Gulf. These many deployments from New Mexico represent what is happening all over the country.

Clearly, many military members and their families face burdens that are compounded by months of separation and tight budgets. For example, a soldier overseas might face the unexpected cost of airfare to attend his father's funeral; a deployed airman's expectant wife might incur costs for special medical care; or a sailor's child may need assistance to cover burdensome costs associated with attending college. These situations are what the Armed Forces Relief Trust is designed to address.

It seems to me that these are the sorts of things that we ought to be

doing to help boost the morale of our troops. Many endure months away from home and, in some cases, face the pressure of operating daily in a combat zone. The kind of benefit provided by the Trust gives them some peace of mind and allows them to focus on their vital mission. I salute the Military Aid Societies representing the Army, Navy, Air Force and Marine Corps for coming together to create the Armed Forces Relief Trust. Perhaps more importantly, I salute all those who have donated to the Trust and are helping to ensure that the needs of our brave military personnel and their dedicated families are being met.

As we all gather with our families this Thanksgiving and count our blessings, I believe we should remember our brave men and women in uniform, and consider supporting the Trust and its work to these personnel and their families in need.

AIR POLLUTION CLOSE TO HOME

Mr. JEFFORDS. Mr. President, I would like to ask my colleagues and the American public some serious questions today—questions about air pollution and its impacts closer to home.

Many of us listening today have children and grandchildren. How many of them have asthma? How many of us have taken children to the emergency room in the middle of the night, desperate to put a stop to their terrifying asthma attacks?

How many of the Nation's growing number of asthmatic children have to carry inhalers to school, and wish they could run, play, and breathe freely like the other kids?

How many Americans know young children who depend on their asthma inhalers to get safely through a simple game of baseball? Their asthma attacks could be some of the six hundred thousand caused by air pollution every year.

How many of our own children or grandchildren yearn to play outdoors during school recess, only to have their teachers warn them the air is too unhealthy?

How many of us have parents or siblings with emphysema? Or chronic lung disease? Reduced lung function, or lung cancer? Air pollution decreases lung function and causes asthma and asthma attacks, lung disease, emphysema, lung cancer, and heart problems.

Do Americans ever worry that their own lives may be shortened by three or four years, just because the air is so dirty?

Sixty thousand people die prematurely in this country every year because of air pollution. It's hard to believe, isn't it? Let me put it another way.

Air pollution is responsible for more deaths than breast cancer, colon cancer, pancreatic cancer, skin cancer, prostate cancer, brain cancer, lymphoma, or leukemia.

Half of the deaths caused by air pollution are due to power plants alone. In

fact, power plant-related deaths are so numerous that they far outnumber drunk driving fatalities in all but one of the 15 dirtiest States.

Have Americans ever wondered how close they live to a powerplant? A Harvard University study showed that those who live near powerplants, who are often the poorer, less educated, uninsured, or minority populations, tend to be the most affected by pollution. Fortunately for some of us here, we are probably less vulnerable. We live further away, we live more comfortably, and we have access to quality health care.

But does that sound like a fair and equitable distribution of the impacts of pollution? Hardly.

Americans can experience pollution very differently. Although 58 percent of white Americans live in counties violating Federal air pollution standards—an unacceptably high percentage—71 percent of African Americans do. Even worse, twice as many African Americans die from pollution than whites. Does that sound like a fair allocation of the impacts?

If these appeals do not strike a chord, perhaps the economic impact of all these health problems will.

I have mentioned before that over 30,000 premature deaths can be blamed on powerplant pollution every year. An EPA consulting firm using EPA methodology estimated that this loss of life hurts the U.S. economy by \$170 billion each year. I ask unanimous consent that a table from this firm's recent report be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ESTIMATED ANNUAL HEALTH AND MORTALITY COSTS DUE TO PARTICULATE MATTER POLLUTION FROM POWER PLANTS

| Health effect | Attributable incidence | Mean economic impact |
|--------------------------------------|------------------------|----------------------|
| Mortality | 30,100 | \$170,000,000,000 |
| Chronic Bronchitis | 18,600 | 6,130,000,000 |
| COPD—Hospitalization | 3,320 | 41,000,000 |
| Pneumonia—Hospitalization | 4,040 | 59,000,000 |
| Asthma—Hospitalization | 3,020 | 21,000,000 |
| Cardiovascular—Hospitalization | 9,720 | 179,000,000 |
| Asthma ER Visits | 7,160 | 2,000,000 |
| Acute Bronchitis | 59,000 | 3,000,000 |
| Upper Respiratory Symptoms | 679,000 | 16,000,000 |
| Lower Respiratory Symptoms | 630,000 | 10,000,000 |
| Asthma Attacks | 603,000 | 25,000,000 |
| Work Loss Days | 5,130,000 | 543,000,000 |
| Minor Restricted Activity Days | 26,300,000 | 1,270,000,000 |
| Total | | 178,000,000,000 |

Source: Abt Associates, "The Particulate-Related Health Benefits of Reducing Power Plant Emissions," October 2000.

Mr. JEFFORDS. When you add in the economic impact of the tens of thousands of cases of asthma, bronchitis, pneumonia, heart problems, and lost work days, you reach a pretty staggering conclusion.

Powerplant pollution alone is responsible for \$178 billion in damage to our health and our economy each year, burdening our already taxed Medicare program and draining American productivity.

There are even more ways in which air pollution hurts our way of life.

How many Americans seek peace and enjoyment in our national parks, only

to find the vistas clogged with haze? Do families go hiking in our national forests, only to reach bald stands of trees that have been killed by acid rain?

I know many people from my State of Vermont and other States are avid skiers. Do they wonder why ski resorts must make their own snow more now than ever before, and why the ski season continues to come later each year? Global warming will threaten more than ski vacations in the very near future. Global warming and rising sea levels could mean life and death to those in our society who live on the margins.

Do those listening today enjoy fishing trips with their families? Do their husbands and wives, daughters and sons, and grandchildren eat the fish that are caught?

I am sorry to say that the fish being caught may contain unhealthy levels of mercury, likely due to dirty powerplants. Coal-fired powerplants emit mercury emissions. Mercury contaminates rainwater. It settles in waterways. It poisons fish. The contaminated fish create a health risk.

Powerplants are responsible for one-third of all U.S. mercury emissions. Amazingly, they are currently unregulated.

Are doctors warning pregnant women not to eat fish because mercury endangers fetuses? I hope they do, because one in 12 women in this country—that is 5 million women—have blood levels of mercury above EPA's safe health threshold. That means that over 300,000 newborns each year face increased risk of nervous system damage due to mercury exposure in the womb.

How many Americans have children or grandchildren with learning disabilities, speech problems, attention disorders, loss of muscle coordination, memory problems, poor visual spatial skills, vision problems, hearing loss, seizures, mental retardation, or cerebral palsy? Have they ever wondered whether these disorders could be due to mercury exposure?

We all saw what happened when a teen spilled less than a cup of mercury at Ballou High School in Southeast Washington. The metal is so toxic to humans that officials closed the school for over a month and evacuated 17 nearby homes.

Do we feel comfortable knowing that U.S. powerplants emit 50 tons of toxic mercury into the air every year, so that it may fall in our backyards, in our grandchildren's sandboxes, and in the lakes where we fish?

How many Americans depend on fishing in tainted waters for their livelihood? Chances are, they live in one of the 44 States in the Nation with fish advisories for mercury and other toxic pollutants. Chances are also likely that they are unaware that eating fish poisoned by mercury can damage their nervous system, cardiovascular system, kidneys, and immune system.

Sadly, some ethnic groups and anglers who rely on high amounts of fish

in their diets face two to five times the health risk. Unfortunately, these Americans may lack health insurance and access to proper medical care to deal with these problems.

I have made an appeal today to my distinguished colleagues and to my fellow Americans. I know my colleagues are compassionate and they do everything possible to represent their constituents, their States, and the Nation well. I only hope they are moved by some of what I have said today to take swift and serious action to protect our air quality.

Unfortunately, this administration's recent and upcoming actions to dismantle our clean air laws mean we all have to be vigilant. I will fight to protect those 60,000 lives and those 300,000 newborns. I will fight to bring down the \$178 billion in costs to human health and to our precious environment. But Americans will need all of my colleagues' help, too.

Senators should send a message to the President and EPA Administrator Leavitt right now. It needs to be loud, and it needs to be clear.

The Clean Air Act says utility emissions of air toxics, especially mercury, have to come down drastically. EPA is already years behind in regulating. There should be no further delay.

In the coming weeks, EPA is likely to propose a rule on mercury that is not legal or sanctioned by the Clean Air Act. Senators should tell Administrator Leavitt and the President that these ongoing assaults on air quality have to stop.

I call on the President to do the right thing for once on clean air—cut toxic air emissions from powerplants. Do it right. Do it as the law requires. And do it now.

DIETARY SUPPLEMENTS

Mr. DORGAN. Mr. President, I express my support for an amendment offered by my colleagues Mr. HATCH, Mr. HARKIN, and DURBIN earlier this year that provides funding for the Food and Drug Administration to implement the dietary supplements law.

I sponsored and voted for the Dietary Supplement Health and Education Act, DSHEA, of 1994 and continue to support it today because it gives consumers the power to make informed decisions about whether they want to use dietary supplements. Millions of Americans take vitamins, minerals, and other dietary supplements every day, knowing that if there is a problem with a particular product the FDA has the authority to step in to protect the public.

Ever since the tragic death of Baltimore Orioles pitcher Steve Bechler earlier this year there has been increased interest in the potential dangers of taking ephedra. In the wake of that tragedy, the FDA has opened an investigation into the use of ephedra.

I support the enforcement efforts and urge the FDA to act as expeditiously as possible. I know some of my colleagues